

students. The graduate student will profit from the simple formulation of principles, although much of the material is below graduate levels of instruction; the concern is more with descriptive epidemiology than with the epidemiologic method as a means to research. The provincial limitation and the restriction to infective processes will disappoint some readers, but few will fail to profit. JOHN E. GORDON

**PREVENTIVE MEDICINE FOR THE DOCTOR IN HIS COMMUNITY: AN EPIDEMIOLOGIC APPROACH**—By Hugh Rodman Leavell and E. Gurney Clark (2nd ed.). New York: McGraw-Hill, Blakiston Division (330 West 42nd St.), 1958. 689 pp. Price, \$10.00.

In the second edition of this text the same general approach has been maintained. Epidemiology and the several levels of prevention comprise the common underlying theme and, by their use, account for a greater consistency of text than might be expected from the two principal authors and 19 contributors.

The main changes in the second edition have been the use of a new title, the addition of a chapter on the natural history and prevention of oral disease, a more orderly sequence of chapters, slight expansion in length, greater use of illustrations, and the updating of the context and bibliographies of the respective chapters. There are very few changes among the authors or in the method of approach to their subjects. The senior authors are responsible for somewhat less than half of the text.

The character and quality of the book derive from the distinction of its several authors, its focus on epidemiology in a broad sense, and the organization of subject content within each chapter on a concept of five levels of prevention. The latter approach has as one effect the view of seeming to suggest that preventive medicine is co-extensive with the breadth of medicine and public health. The more broadly preventive medicine

is conceived the more difficult to represent this in a text and to be selective among the substantive knowledge available. The authors deal with this problem through an emphasis on principles which requires some sacrifice of factual content to that of concepts. On the other hand, the approach does permit systematic coverage, a framework of understanding into which new factual knowledge can be added, and, of importance to practitioners, recognition of the existence of multiple causes of a disease and, potentially, the multiple opportunities for service in the name of prevention. DUNCAN W. CLARK

**FINANCING HEALTH COSTS FOR THE AGED**—Report on the New York State Conference convened by the governor at the State Capitol in Albany, December, 1956. Albany, N. Y.: Office of the Special Assistant, Problems of the Aging (Room 147, State Capitol), 1957. 242 pp. Price, \$2.00.

This report describes the organization and meeting of a conference intended to clarify the pressing social and political enigma of the health cost problems of aging persons. It includes the testimonies of a number of individuals invited to document the problem and to suggest possible solutions.

The opinions of these experts with varying experience and attitudes toward the place of government in the health field are reported. Also, a list of suggestions for action by the conference is reproduced, and these run the gamut of voluntary and governmental actions to increase the flow of money for the purchase of health services for the aged.

The most frequently recurring suggestions from the variety of sources available to the conference staff are reported as follows:

1. Make it possible for the aged to carry voluntary health insurance by prorating increased payments back to the earlier and more productive years.
2. Promote industrial health plans that provide for continuing benefits after retirement.